	PATENT	RD	10/0/8584										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							R/	RATE FEE		]	RATE	FEE,	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC PEE		OR	BASIC FEE	89/	
TOTAL CHARGEABLE CLAIMS			M Sininus 20=		· 28		х	9=		OR	X\$18=	CN1	
INDEPENDENT CLAIMS			/) minus 3 =				X4	X42=		OR	X84=	17	
ML	ALTIPLE DEPE	NDENT CLAIM P	RESENT								+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TAL		OR	TOTAL	1200	
/ / CLAIMS AS AMENDED - PART II									<u></u>	Jun	OTHER	1777 THAN	
9	9 (Column 1) (Column 2) (Column 3)							ALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENIOMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	. "	RATE	ADDI- TIONAL FEE	
	Total	.35	Minus	"of	7	-	X\$	9=		OR	X\$18≡	1	
	Independent	15	Minus	-4/2		-2	X4	2=		OR	200	101)	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=	1/	
110/17							L Y	OTAL		OB	TOTAL	400	
	412100	(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT	FEE		,	ADDIT. FEE	700	
AMENDMENTER		CLAIMS REMAINING AFTER AMENDMENT	A.	HIGH NUMI PREVIO PAID I	BER XUSLY	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.34	Minus	4/8	<u> </u>	- K	XS	<b>8</b> =		OR	X\$18=		
	independent	. 4	Minus	***	2	-02	X42	2 <b>=</b>		OR	X84		
	FIRST PRESE	INTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM	71.	+14	0=		OR	+280=		
							ADDIT.	TAL FEE		OR ,	YOTAL ODIT. FEE		
_		(Column 1)		(Colum		(Column 3)				_			
AMENDMENT C	12 44	CLAIMS REMAINING AFTER AMENDMENT	1	HIGH NUME PREVIO PAID F	BER WSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Mious	**		2	XS	) <b>.</b> [		OR	X\$18=		
	Independent	•	Minus	***		•	X42			OR	X84= .		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM	لـــــــــــــــــــــــــــــــــــــ		=4	5-11-15				
• #1	the entry in order	+140	-		OR	+280=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					found in th	е арр	ropriate box	in colu	mn 1.		

FORM PTO-875 (Rev 8.01)

**Application or Docket Number**